

Individual Caregiver Personal and Parenting History

© Benjamin D. Garber, Ph.D.

This questionnaire has been prepared to facilitate review of your personal history as part of the present assessment. Your full and complete responses will help to make this process more time and cost efficient. Please feel free to elaborate on any response on the reverse of any page or on separate pages appended to this questionnaire.

Please return this original questionnaire upon completion directly to Dr. Garber.

Thank you, in advance, for your time and effort.

Who is completing this form: _____ <div style="text-align: center;">(your name)</div> _____ <div style="display: flex; justify-content: space-between;"> (your relationship to the child[ren]) (your date of birth) </div>

Family of Origin

1. I am adopted or for other reasons know little or nothing about my BIOLOGICAL relatives

YES

NO

2. I grew up with:

	Present age	Biological/legal relationship to you	Living where or died when?	Is this person a support to you in the present?
--	-------------	--------------------------------------	----------------------------	---

Parents or caregivers

Brothers/Sisters/other relatives

Your Name: _____ Today's Date: _____

My "FATHER" refers to the primary male caregiver I grew up with,
no matter his legal or biological relationship to me or to my mother:

3. Growing up, my father was...

a. I had no primary male caregiver or "Father" growing up	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	(If YES , please skip to #5)			
b. ...a kind and supportive parent	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c. ...a firm and consistent parent	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
d. ...a good role model	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
e. ...a hard worker and a good provider	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
f. ...a good partner to my mother	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
g. ...my best friend	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
h. ...my only friend	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
i. ... violent or abusive (physically, verbally or sexually) to me	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
j. ...violent or abusive (physically, verbally or sexually) to my brothers and/or sisters	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
k. ... violent or abusive (physically, verbally or sexually) to my mother or other adults	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
l. ... alcoholic, drug-dependent or otherwise a substance abuser or addict	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
m. ...passive and uninvolved	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
n. ... inconsistent and unpredictable one day to the next	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
o. ...NOT supportive of my mother; often undermined her	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
p. My father remains an active participant in my child(ren)'s lives	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

4. Is your experience of your father when you were a child relevant to your own parenting and/or the state of your marriage? If so, how:

Your Name: _____ Today's Date: _____

My "MOTHER" refers to the primary female caregiver I grew up with,
no matter her legal or biological relationship to me or to my father:

5. Growing up, my mother was...

a. I had no primary female caregiver or "Mother" growing up	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. ...a kind and supportive parent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. ...a firm and consistent parent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. ...a good role model	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. ...a hard worker and a good provider	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. ...a good partner to my father	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. ...my best friend	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. ...my only friend	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. ... violent or abusive (physically, verbally or sexually) to me	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. ...violent or abusive (physically, verbally or sexually) to my brothers and/or sisters	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. ... violent or abusive (physically, verbally or sexually) to my father or other adults	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. ... alcoholic, drug-dependent or otherwise a substance abuser or addict	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. ...passive and uninvolved	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n. ... inconsistent and unpredictable one day to the next	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o. ...NOT supportive of my father; often undermined him	<input type="checkbox"/> YES	<input type="checkbox"/> NO
p. My mother remains an active participant in my child(ren)'s lives	<input type="checkbox"/> YES	<input type="checkbox"/> NO

(If YES, please skip to #7)

6. Is your experience of your mother when you were a child relevant to your own parenting and/or the state of your marriage? If so, how:

Your Name: _____ Today's Date: _____

“MY PARENT’S RELATIONSHIP” describes how
the adults who raised me got along with each other when I was a child
no matter the legal status of their relationship and regardless of whether they lived together.

7. My parents’ relationship ...

a. ...was good: they consistently cooperated and communicated and supported one another even through the hard times	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. ...always put my needs first	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. ...was unpredictable; it was on and off over time ... I often feared that they would split up	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. ...was troubled; I had to do things to try to keep them together	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. ...was troubled; they communicated through me	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. ...was troubled; they treated me like a peer or an adult even while I was a child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. ...was troubled; it was like living in a war zone	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. ...was troubled; I never knew who would be there or how they would get along one day to the next	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. ...ended in separation or divorce	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		If NO then skip to #8
j. ...ended peacefully and civilly; they cooperated and made sure my needs were met	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. ...ended in conflict	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. ...ended in a battle over custody of me and/or my brothers and/or sisters	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. ...ended because of my father	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n. ... ended because of my mother	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o. ...ended because of me or something I did	<input type="checkbox"/> YES	<input type="checkbox"/> NO

8. Is your experience of your parents’ relationship when you were a child relevant to your own parenting and/or the state of your marriage? If so, how:

Your Name: _____ Today's Date: _____

My Medical History

9. Please use this table to identify any illness, injury, surgery or other medical procedure you've experienced or are anticipating in the future.

Identify the illness, injury, surgery or procedure by name	Date completed or anticipated	Name of physician or other responsible provider	How does this affect you in the present?
(a)			
(b)			
(c)			
(d)			

Please use the reverse side to continue. Please attach copies of any documents (medical notes, prescription copies) that might help to explain.

10. Medications I am presently taking:

Name of medication	Dosage	Name of prescribing physician	I take this medication because...
(a)			
(b)			
(c)			
(d)			

Your Name: _____ Today's Date: _____

Academic History

11. I am currently a student YES NO
 If YES please describe on reverse

12. The highest grade or level I have successfully completed to date is:
 Less than 12th High School/GED College Advanced Degree: _____

13. In school, my grades were generally:

Elementary School:	A B C D F		High School	A B C D F
Junior High/ Middle School	A B C D F		College +	A B C D F

14. Looking back, I now believe that ...

- a. ...I had/have a learning disability that interfered with grades YES NO
- b. ...I had/have an attention problem (e.g., ADD or ADHD) that interfered with grades YES NO
- c. ...I should have tried harder YES NO
- d. ... I have/had speech/language, OT, PT, vision or hearing problem that interfered with grades YES NO
- e. ...I was/am depressed and this interfered with grades YES NO
- f. ...I had/have emotional problems get in the way of my learning YES NO
- g. ...I was/am anxious and this interfered with grades YES NO
- h. ...I had/have a substance abuse problem (e.g., drugs or alcohol) that got in the way of grades. YES NO

15. As an adult,

- a. ...I care about education deeply YES NO
- b. ...I like to read YES NO
- c. ...I am involved with my children's school YES NO
- d. ... I attend activities at my children's school YES NO

Your Name: _____ Today's Date: _____

Addictive Behaviors

16. Please indicate which of the following are TRUE to the best of your knowledge:

Please detail all YES responses on the reverse

EVER TRUE about myself?	EVER TRUE someone related to you?
--	--

ALCOHOL USE (including beer, mixed drinks and others)

a. Consume ANY alcoholic beverages at all		
b. Consider alcohol consumption to EVER impair work, relationships, parenting		
c. EVER been charged, arrested, indicted for a crime under the influence (includes DWI, DUI) of alcohol		

PRESCRIPTION MEDICATIONS:

d. Consume ANY prescription medications in the past ONE YEAR		
e. Consider prescription medications to EVER impair work, relationships, parenting		
f. EVER been charged, arrested, indicted for a crime under the influence (includes DWI, DUI) of prescription medications		

OVER THE COUNTER (OTC) MEDICATIONS (e.g. Aspirin, Tylenol, diet pills)

g. Consume ANY OTC medications in the past ONE YEAR		
h. Consider OTC medications to EVER impair work, relationships, parenting		
i. EVER been charged, arrested, indicted for a crime under the influence (includes DWI, DUI) of OTC medications		

GAMBLING, GAMING, SPENDING/SHOPPING, INTERNET and/or VIDEO

j. EVER engage in these activities?		
k. Consider these activities to EVER impair work, relationships, parenting		
l. EVER been charged, arrested, indicted for a crime related to these activities		

PORNOGRAPHY, SEXUAL ADDICTIONS/COMPULSIONS

m. EVER engage in these activities?		
n. Consider these activities to EVER impair work, relationships, parenting		
o. EVER been charged, arrested, indicted for a crime related to these activities		

Please explain all **YES** responses on the reverse

Your Name: _____ Today's Date: _____

Mental Health History

17. Please indicate which of the following are TRUE to the best of your knowledge:

Please detail all YES responses on the reverse

	EVER TRUE about myself?	EVER TRUE about someone related to the you?
a. Anxious, nervous, worried, fearful		
b. Perfectionistic, self-critical or critical of others		
c. Depressed; feels hopeless, helpless or worthless		
d. Self-destructive, suicidal		
e. Violent, abusive and/or destructive of property		
f. Psychotic, schizophrenic, delusional or paranoid		
g. Trauma survivor, PTSD		
h. Multiple personality or dissociative identity		
i. Eating disorder: Binging, purging, hoarding food		
j. Alcohol, drug or other substance use, abuse, dependence		
k. Referred to but refused counseling, psychotherapy or psychological treatment of any kind		
l. Been in counseling, psychotherapy or psychological treatment of any kind		
m. Completed psychological, neuropsychological or psychiatric testing or assessment of any kind		
n. Prescribed psycho-active or psychotropic medication for any period (examples: Ritalin, Xanax, Prozac, Zoloft)		
o. Hospitalized due to psychological, psychiatric or substance abuse concerns		
p. Parenting impaired by psychological, psychiatric or substance abuse concern		
q. Co-parenting impaired by psychological, psychiatric or substance abuse concern		
r. Fulfilling responsibilities as a husband, wife or partner in an intimate relationship impaired by psychological, psychiatric or substance abuse concern		
s. Employment or public responsibilities impaired by psychological, psychiatric or substance abuse concern		

Please explain all **YES** responses on the reverse

Your Name: _____ Today's Date: _____

History of Crime and Conviction

18. Please indicate which of the following are TRUE to the best of your knowledge:

Please detail all YES responses on the reverse

	EVER TRUE about myself?	EVER TRUE about someone related to you?
a. Convicted of a misdemeanor?		
b. Convicted of a felony?		
c. Convicted of a violent crime of any kind?		
d. Found guilty of Driving While Intoxicated (DWI or DUI)		
e. Found guilty of child abuse or neglect?		
f. Ever served time in jail or prison?		
g. Ever been on probation?		
h. Ever had driver's license revoked?		
i. Ever been involved in any legal action EXCLUDING the present divorce/custody action		
j. Ever been subject to a restraining order?		
k. Ever filed bankruptcy?		
l. Ever been identified as a sexual offender?		
m. Ever sued or been sued by anyone?		

Please explain all **YES** responses on the reverse

Your Name: _____ Today's Date: _____

Prior Relationship History

26. Growing up, my best friend was: _____ (name)

27. I began dating at what age:	<input type="checkbox"/>	years old
28. I became sexually active (that is, first had intercourse) at what age:	<input type="checkbox"/>	years old
29. I first lived away from my parent(s) at what age:	<input type="checkbox"/>	years old
30. I first moved away from home at what age:	<input type="checkbox"/>	years old
31. I first lived with (cohabitated with) a sexual partner at what age:	<input type="checkbox"/>	years old
32. I have had many relationships	<input type="checkbox"/>	<input type="checkbox"/>
33. In general, when my relationships end, I end them	<input type="checkbox"/>	<input type="checkbox"/>
34. In general, when my relationships end, my partner ends them	<input type="checkbox"/>	<input type="checkbox"/>
35. In general, I give more than I get from my partners	<input type="checkbox"/>	<input type="checkbox"/>
36. In general, I get more than I give to my partners	<input type="checkbox"/>	<input type="checkbox"/>
37. The relationship now ending is my one and only relationship	<input type="checkbox"/>	<input type="checkbox"/>

If YES, then please skip to the next page

38. Prior relationships or marriages:

Prior Partner's Name	Dates Married/cohabitated	Date Separated or Divorced or Deceased

Children of this relationship:

Child's full name	Child's date of birth	Child resides where?

Prior Partner's Name	Dates Married/cohabitated	Date Separated or Divorced or Deceased

Children of this relationship:

Child's Full name	Child's date of birth	Child resides where?

Your Name: _____ Today's Date: _____

Present Relationship History

39. My relationship with my estranged partner was **EXCLUSIVELY** for the purpose of having or raising a child; we never had any other adult-adult relationship. YES NO

40. We began dating: _____
(month/year)

41. We became sexually active (that is, first had intercourse) _____
(month/year)

42. We first lived together: _____
(month/year)

43. We got married: _____
(month/year)

44. I once found this relationship fulfilling YES NO

45. I had imagined this relationship would last forever YES NO

46. We first separated due to conflict: _____
(month/year)

47. This was the **ONE AND ONLY** separation leading up to the present YES NO
If **NO** please detail separations/reunions by date on reverse

48. I initiated this separation YES NO

49. I agreed to this separation but it was **NOT** my wish YES NO

50. I do not want this separation, it is entirely my co-parent's doing YES NO

51. I want to get back together with my child(ren)'s other parent YES NO

52. Legal separation, divorce or custody papers were first filed: _____
(month/year)

53. I have tried to cooperate with my co-parent in ending this relationship YES NO

54. I will fight my co-parent every step of the way for what I feel I deserve YES NO

55. I will fight my co-parent every step of the way for what I feel the child(ren) need YES NO

56. I believe that we should stay together for the sake of the child(ren) no matter what YES NO

Your Name: _____ Today's Date: _____

57. Please identify your own greatest strengths and weaknesses as a parent:

My parenting strengths	My parenting weaknesses
<i>a.</i>	<i>a.</i>
<i>b.</i>	<i>b.</i>
<i>c.</i>	<i>c.</i>
<i>d.</i>	<i>d.</i>
<i>e.</i>	<i>e.</i>
The children's other parent's parenting strengths	The children's other parent's parenting weaknesses
<i>a.</i>	<i>a.</i>
<i>b.</i>	<i>b.</i>
<i>c.</i>	<i>c.</i>
<i>d.</i>	<i>d.</i>
<i>e.</i>	<i>e.</i>

Your Name: _____ Today's Date: _____

My Priorities

59. Please rank the following items in order of importance. There are no right or wrong answers. Please do NOT use partial numbers, fractions or decimals. Rank the items so that ...

1

= **Your HIGHEST priority**; the one item on the list that is MOST important to you

and

15

= **Your LOWEST priority**; the one item that is LEAST important to you

- | | |
|--|---|
| | a. My own happiness |
| | b. My own physical and mental health |
| | c. A successful co-parenting relationship with my child(ren)'s other parent |
| | d. My child(ren)'s other parent's happiness |
| | e. My child(ren)'s other parent's physical and mental health |
| | f. Finding a new partner or spouse for myself |
| | g. My child(ren)'s physical and mental health |
| | h. My child(ren)'s happiness |
| | i. The quality of my child(ren)'s relationship with me |
| | j. The quality of my child(ren)'s relationship with their other parent |
| | k. The quality of my child(ren)'s relationship with my new/future partner or spouse |
| | l. The quality of my child(ren)'s relationship with their other parent's new/future partner or spouse |
| | m. My ability to provide for my child(ren) financially |
| | n. The comfort of the home that I provide for my child(ren) |
| | o. The amount of time that I'm with my children each week/month |